

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-023750

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 170Primary Registration District No. 2033Registrar's No. 130

FILED JUN 25 1962

## 1. PLACE OF DEATH

a. COUNTY Lacledeb. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN LebanonLength of stay in 1b  
3 yrs.c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION 961 Main StreetInside Limits  
Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo. b. COUNTY Lacledec. CITY OR TOWN LebanonInside Limits  
Yes ☐ No ☐d. STREET ADDRESS (If outside, give location)  
961 Main St.Reside on Farm  
Yes ☐ No ☒

## 3. NAME OF DECEASED (Type or print)

First

Middle

Last

RalphEugeneCarter

## 4. DATE OF DEATH

Month

Day

Year

June 19, 1962

## 5. SEX

male

## 6. COLOR OR RACE

white

## 7. Married

Never Married ☐Widowed ☐Divorced ☐

## 8. DATE OF BIRTH

7-17-20

## 9. AGE (last birthday)

41 yrs.

## IF UNDER 1 YEAR

Months

Days

## IF UNDER 24 HR

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

unemployed

## 10b. KIND OF BUSINESS OR INDUSTRY

none

## 11. BIRTHPLACE (City and state or country)

Springfield, Mo.

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

Homer Carter

## 13b. MOTHER'S MAIDEN NAME

Inez Iseninger

## 14. NAME OF HUSBAND OR WIFE

Mary Lou Carter

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

yesW.W.II

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

961 Main St.Mary Lou Carter, Lebanon, Mo.

## 18. CAUSE OF DEATH (Enter only one cause per line)

## PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Presumably of Natural Causes

## INTERVAL BETWEEN ONSET AND DEATH

?

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

## DUE TO (c)

Investigated by Coroner of Laclede Co

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

## 20a. ACCIDENT

## SUICIDE

## HOMICIDE

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

## 21. I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_

and last saw her/him alive on \_\_\_\_\_

## Death occurred at \_\_\_\_\_

About 3:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

## 22b. ADDRESS

## 22c. DATE SIGNED

Hella L. May Registrar - Laclede CoLebanon, Missouri6-20-1962

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

burial

## 23b. DATE

6-21-62

## 23c. NAME OF CEMETERY OR CREMATORY

Copenning Cemetery

## 23d. LOCATION (City, town, or county)

Webster County, Mo.

(State)

## 24. FUNERAL DIRECTOR

## ADDRESS

## 25. DATE RECD. BY LOCAL REG.

## 26. REGISTRAR'S SIGNATURE

J.J. ShadelLebanon, Mo.6-20-1962Hella L. May

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
 or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
 working under my personal supervision.

Student \_\_\_\_\_  
 Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 5115

P. O. Address Springfield Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit issued 6-21-1962 W.A.R.D.